

ISSUE LIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		8/11/98
O.I.P.E. CLASSIFIER		10 68904	8-14-98
FORMALITY REVIEW			8-27-98

### INDEX OF CLAIMS

Rejected \_\_\_\_\_ N  
 Allowed \_\_\_\_\_ I  
 (Through numeral) Canceled \_\_\_\_\_ A  
 Restricted \_\_\_\_\_ O

Non-elected  
 Interference  
 Appeal  
 Objected

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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